

Ralph Mitchell Zoo  
Education Program Enrollment Form  
*Individual or Family*

Contact Name: \_\_\_\_\_

Cell/Home Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Number of Participants and Children's Age(s): \_\_\_\_\_

Check the program(s) you want to attend:

- ☐ **Head, Shoulders, Knees, and Toes! Eyes, Ears, Mouth, and Nose**

Saturday February 2th, 2016 10:00-10:30am

**All About Zoo Keepers**

- ☐ Friday June 3, 2016, 2:00-3:00pm, \$3.00
- ☐ Friday June 10, 2016, 2:00-3:00pm, \$3.00
- ☐ Friday June 17, 2016, 2:00-3:00pm, \$3.00
- ☐ Friday June 24, 2016, 2:00-3:00pm, \$3.00

Make checks out to the City of Independence with RMZ Education in the memo line. All payments are final.

- ☐ **This State I Call Home**

Saturday December 10, 2016, 10:00-11:00am

Office use only.

Date Form Received: \_\_\_\_\_

Receipt #: \_\_\_\_\_

----- Cut Here- Send in top half and keep bottom for your calendar -----

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